

AUG 17 2010

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August 17, 2010

## PATENT APPLICATION

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>			Attorney's Docket No: 3432-US-NP			
Serial No.	Filing Date	Examiner	Group Art Unit			
10/646,308	August 21, 2003	Jiang, Dong	1646			
In Re Application of Paul B.J.Burton and Theresa A. Deisher For COMPOSITIONS AND METHODS FOR TREATING CARDIOVASCULAR DISEASE						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						

## CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	10	Minus	36 =	0	x \$52	= \$ 0.00
Indep. Claims	1	Minus	6 =	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim.						+ \$390 = \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.
- The following other fees are incurred by the accompanying papers.
  - Other: \_\_\_\_\_
  - Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,110.00. A duplicate copy is also enclosed.
  - If an additional extension of time is required, please consider this a request therefore.
  - The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

**22932**

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## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office via facsimile to facsimile number 571-273-8300 on the date indicated below, and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

AUGUST 17, 2010

Kathleen F. Andris

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